

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

JAN 21 1935 CERTIFICATE OF DEATH

Do not use this space.

41984

17

1. PLACE OF DEATH

County Boone Registration District No. 76

Township Madan Primary Registration District No. S110-B

City Hartsburg (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. Hartsburg Route 2 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	83	10	25	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo

MOTHER 13. NAME Nathan Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Olmer Nichols

18. BURIAL, CREMATION, OR REMOVAL PLACE Cashen DATE Dec 23 1934

19. UNDERTAKER (ADDRESS) R. C. Willett

20. FILED 1/7 1935 H. A. Bringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Dec 22 1934
I last saw him alive on 21 1934 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

82A

62a

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) C. C. Meese, M. D.
(Address) Hartsburg, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

